

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
							CLAIMS		
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1						51		1
2		1					52		7
3							53	1	
4		3					54		1
5		3					55		1
6		1					56	1	
7		1					57	1	
8		1					58		
9		1					59		3
10		1					60	1	
11		8					61		1
12	1						62		2
13		1					63		2
14		2					64		1
15		2					65		1
16		1					66		1
17		1					67		1
18		1					68		1
19		1					69		7
20							70		7
21		7					71	1	
22		7					72		1
23	1						73		1
24		1					74	1	
25		2					75		1
26		2					76		1
27		1					77		
28		1					78		
29		1					79		
30		1					80		
31		1					81		
32		7					82		
33	1						83		
34		1					84		
35		2					85		
36		2					86		
37		1					87		
38		1					88		
39		1					89		
40		1					90		
41		1					91		
42		7					92		
43	1						93		
44		1					94		
45		2					95		
46		2					96		
47		1					97		
48		1					98		
49		1					99		
50							100		
TOTAL IND.	←		←		←		TOTAL IND.	←	
TOTAL DEP.	←		←		←		TOTAL DEP.	←	
TOTAL CLAIMS	←		←		←		TOTAL CLAIMS	←	